

<b>Case Number:</b>	CM14-0192446		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/10/1994
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker reported having physical therapy for her low back injury that preceded her most recent re-injury of her low back, although there was no reported number of sessions completed or how they may have helped her. There was no report of the worker requiring supervised physical therapy again due to lack of ability to perform home exercises, which is what would be indicated in this case at this stage in her chronic low back pain. Even in the case of her requiring some instruction again for home exercises, at the most 1-3 sessions would suffice. Therefore, the lumbar physical therapy (8 sessions) is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Methadone 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Regarding the request for methadone 10mg #90, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there is no documentation identifying that methadone is being prescribed as a second-line drug or that the potential benefits outweighs the risk. In the absence of such documentation, the currently requested methadone 10mg #90 is not medically necessary.

**Lazanda 100mcg #32:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44, 47.

**Decision rationale:** Regarding the request for Lazanda (fentanyl) 100mcg #32, California MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of fentanyl, but they do specifically recommend against the use of other short-acting formulations of fentanyl for musculoskeletal pain, and Lazanda is indicated only in the management of cancer pain per the FDA. Additionally, guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. As such, the currently requested Lazanda (fentanyl) 100mcg #32 is not medically necessary.